p. 1 09/08/2010 16:47

## FEC FORM 9

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## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

fol Manager				
(a) Name U. S. Chamber of Commerce				
(b) Address (number and street) Check if different than previously reported				
1615 H Street, NW	2. FEC identification Number			
(c) City. State and ZIP Code	C 3.0.00 1 1 0 1			
(d) Name of Employer or Pfincipal Place of Business (e) Occ	terminate to the manufacture of the manufacture of			
(d) Name of Employer or Pfincipal Place of Business (e) Occ	cupation			
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New 1	08/131/2010			
is This Statement or 4. Covering Period	through			
Amended	09 08 2010			
South State of the	PERSONAL STATE OF THE STATE OF			
(a) Date of Public Distribution(s) 09 108 12010 (b) Communica	ation Title Can't Work TVad-Sun			
(a) Date of Public Distribution(s)	ation flue coat ! too! F ! Too!			
The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qual	lified Nonprofit Corporation (11 CFR 114 10)			
- A Laboratoria de la Carta de	•			
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making or	ommunications under 11 CFR 114.15			
(e) Other, specify:				
APPENDE .				
If the filer is an individual, unincorporated organization or qualified nonp- were the disbursements made exclusively from donations to a segregate				
B. Custodian of Records				
James W. Kobinson				
(a) Name  James W. Robinson  (b) Address (number and street)  1615 H Street NW  (c) City, State and ZIP Code				
1615 H Street NW				
(c) City, State and ZIP Code				
Washington DC 1000 C				
(d) Name of Employer or Principal Place of Business (e) Occ	supation			
U.S. Chamber of Commerce	Seniar Vice President			
J. J. William Commerce				
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Total Donations This Statement	nimentan de l'anticantement			
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Total Disbursements/Obligations This Statement	2 5 3 1 1 5 6 5 0			
Under penalty of perjury, I certify that this statement is true, correct and complete.	,			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	es W Robinson			
	- D - V C C C C C C C C C C C C C C C C C C			
TIPE OR PRINT NAME OF PORSON COMPLETING FORM				
TIPE OR PRINT NAME OF PORSON COMPLETING PORM	5 45 5010			
SIGNATURE DATE	5 W. Robinson 5 2010			

FEC FORM 9 (REV. 12/2007)

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	of Person(s) Sharing/Exercising Control dditional pages as necessary)		PAGE 2 OF 3	
. Pe	erson(s) Sharing/Exercising Control			
A.	(a) Name Hill Miller			
	(b) Address (number and street)  (b) Street NW  (c) City, State and ZIP Code			
	(c) City, State and ZIP Code  Washing fon DC 20062  (d) Name of Employer or Principal Place of Business	410		
	U.S. Chamber of Commerce	(e) Occupation Senior V	ice President	
B.	Junes W. Robinson			
	(b) Address (number and street)  1615 1-1 Street. NW  (c) City, State and ZIP Code			
	(c) City, State and ZIP Code  William April 20062  (d) Name of Employer & Principal Place of Business	(e) Occupation	T. Wagner	
	V.S. Chamber of Commerce		ce President	
C.	(a) Name		·	
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
D.	(a) Nаme	<del></del>	· ·	
	(b) Address (number and street)	·		
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
_	(A) Nama			
<b>E.</b>	(a) Name			
	(b) Address (number and street)		_	
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

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SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE 3 OF 3
A. Full Name (Last, First, Middle Initial) of Payee  Mentzer Media  Mailing Address of Payee  600 Fair mount Avenue	Date of Diebursement or Obligation  The State of Diebursement of Confession  The State of Diebursement of Confession  Amount  The State of Diebursement of Confession  The State of
City Sen MD 21286  Name of Employer Occupation	Communication Date
Furpose of Disbursement (Including little(s) of communication(s))  (Can'f Work"TV ad - San Diego	
Name of Federal Candidate  Office Sought:  House  State: CA  Senate  District:  President	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate  Office Sought:  Senate  District:  President	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate  Office Sought  Senate  District:  President	Disbursement/Obligation For:  Primary General  Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee  McCarthy Marcus Hennings  Mediling Address of Payee  1850 M Street NW Suite 735	Date of Disbursement or Obligation  O 1 2 0 1  Amount
City State Zp Code  Washington DC 20036  Name of Employer Occupation	Communication Date
Purpose of Disbursement (Including title(s) of communication(s))  "Can't Work" TV ad - San Dicgo	lead least 2 colors
Name of Federal Candidate  Office Sought  House State: CA  Senate  President  Oistrict	Disbursement/Obligation For:  Primary
Senate Senate District: ———	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶
Name of Federal Candidate  Office Sought:  Senate  District  President	Disbursement/Obligation For: Primary General Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)	han er illemen die ermest bezor la consider, er ellemen desemblement demont demont demont demont demont demont part : en per en genocrapper en geser partier en gegen per partier grant demont demont demont demont demont de En seure : en volver ment demont demont recomment promot demont demont demont demont demont demont demont demont
TOTAL This Period (last page this line number only)	tive etempolismet til til til skri i kri i million undennet samt store fra skriven

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FEC FORM 8 (REV. 12/2007)

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Priority Mail  Delivery Confirm	Postmarked mation <sup>™</sup> Label
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Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
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